

MARTHA COAKLEY
ATTORNEY GENERAL

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL

FAIR LABOR DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200
(617) 727-3465 HELPLINE
WWW.MASS.GOV/AGO

Prevailing Wage Rate Complaint Form- Page 1

If you worked on a public works construction project for a city, town or state and believe that you were not paid according to the state prevailing wage law, please complete this form and send it to the above address. **Please attach copies of any documents that support your claim.**

If your employer did not perform construction work for a government entity, you should not use this form. You may, instead, complete and file a "Non-Payment of Wage and Workplace Complaint Form," available for download on the Attorney General's Office website at www.mass.gov/ago. If you are still uncertain about which form to use, please call the Fair Labor Hotline at (617) 727-3465.

Employee Information

First name _____ Middle name _____ Last name _____

Social Security Number* _____ Date of birth _____ Gender **M**____ **F**____
(month/day/year)

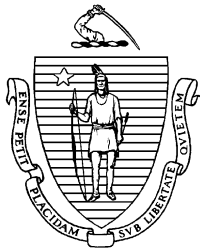
Current mailing address _____

City _____ State _____ Zip _____ Email _____

Home phone _____ Cell phone _____

Please Read: Under most circumstances, the text of your complaint will be considered a public record and be available to any member of the public upon request. In response to such a request, *we generally will not disclose your name, address, phone number, or any other information that identifies you and will not disclose this form in response to any request that specifically seeks the complaint you submitted.* Your record in its entirety may, however, be disclosed to law enforcement and regulatory agencies who may assist in resolving your complaint.

**Providing a Social Security Number is voluntary. It will aid in processing your complaint, but we will proceed without one.*



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Prevailing Wage Rate Complaint Form- Page 2

Name of Employee: _____

Employer Information

Company name _____

Company address _____ City _____ State _____ Zip _____

Company phone _____ Home phone _____

If known, total number of employees in company _____

Company owner/president name, title _____

Public Works Project Information

Project name _____

Address _____ City _____ State _____ Zip _____

Project supervisor/foreman's name, title _____

City/town(s) where work was performed _____

Employee Information

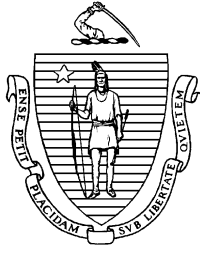
State the exact job title you were hired into for this project, such as "laborer," bricklayer," carpenter," etc. If you worked more than one job title, name each job title and the number of hours worked in each position

Job title, # of hours worked _____

Job title, # of hours worked _____

Job title, # of hours worked _____

How long have you been employed on this project? From _____ to _____
(month/day/year) (month/day/year)



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Prevailing Wage Rate Complaint Form- Page 3

Your most recent rate of pay? \$_____ per **hour** or **week** (*circle one*)

Describe the kind of work your performed. _____

Did you make a personal demand for your wages owed? **Yes**____ **No**____

If yes, what was the employer's response? _____

List the type and amount of hourly deductions taken by the employer from the total hourly rate of pay. _____

Does your employer have a health and welfare plan? **Yes**____ **No**____ A pension plan? **Yes**____ **No**____

Have you been paid at least 1 ½ time for all hours worked over 40 in one week? **Yes**____ **No**____

Have you been asked, threatened, intimidated, coerced, or required to give back any part of your pay?

Yes____ **No**____

If yes, explain. _____

List the names of co-workers doing the same kind of work (names only).

CERTIFICATION:

I hereby certify that, to the best of my knowledge and belief, this is a true and accurate statement of the facts about my complaint.

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Signature

PRINT your name

Date signed